

**AMENDMENTS TO THE CLAIMS:**

Please amend claims 14 and 27 as shown in the listing of claims below. Added material is shown in underlined type, and deleted material is shown in ~~strikeout~~ type or within [[double brackets]]:

**Listing of claims**

This listing of claims will replace all prior versions and listings of claims in the application.

1. (Withdrawn) A pharmacy benefits management system comprising:
  - a processor server having claim information relating to pharmacy benefits claims processed by a claims processing facility stored therein, said claim information including identification of drugs dispensed to patients, said processor server also having pharmacy benefits formulary information stored therein;
  - a provider server having pharmacy benefits plan structure information stored therein;
  - a management server having price information relating to drugs in various classes stored therein, said management server also having a processing module operative to correlate the claim information with the benefits plan structure information, the price information, and the formulary information to identify expenses associated with selected drugs in accordance with the pharmacy benefits plan structure information, alternative drugs in the same class as the selected drugs, and expenses associated with the alternative drugs; and
  - a communication channel connected between said processor server, said provider server, and said management server and being operative to communicate information between said processor server, said provider server, and said management server.
2. (Withdrawn) A system as recited in claim 1, wherein the selected drugs are drugs previously dispensed to a patient.
3. (Withdrawn) A system as recited in claim 1, wherein the alternative drugs are therapeutic alternatives with respect to the selected drugs.

4. (Withdrawn) A system as recited in claim 1, wherein the benefits plan structure information and the formulary information relate to a multi-tier benefits plan.
5. (Withdrawn) A system as recited in claim 4, wherein the expenses associated with the selected drugs and the expenses associated with the alternative drugs includes copayment information and total cost information.
6. (Withdrawn) A pharmacy benefits management system comprising:
  - a processor server having claim information relating to pharmacy benefits claims processed by a claims processing facility stored therein, said claim information including identification of drugs dispensed to patients, said processor server also having pharmacy benefits formulary information stored therein;
  - a management server having a processing module operative to extract patient pharmacy benefits information from the claim information and display a list of pharmacy benefits provided to a particular patient, said processing module further being operative to prompt a patient to input a response to verify accuracy of the list of pharmacy benefits and to retain and process the response; and
  - a communication channel connected between said processor server and said management server and being operative to communicate information between said processor server and said management server.
7. (Withdrawn) A system as recited in claim 6, wherein the list of pharmacy benefits comprises a list of drugs dispensed to the patient and dates, quantities, and copayments corresponding to the drugs dispensed to the patient.
8. (Withdrawn) A pharmacy benefits management system comprising
  - a processor server having claim information relating to pharmacy benefits claims processed by a claims processing facility stored therein, said claim information including identification of drugs dispensed to patients, said processor server also having pharmacy benefits formulary information stored therein;
  - a provider server having pharmacy benefits plan structure information stored therein;

a management server having price information relating to drugs in various classes stored therein, said management server also having a processing module operative to search the claim information based on a selected filter and display a list of patients whose pharmacy benefits correspond to the selected filter; and

a communication channel connected between said processor server, said provider server, and said management server and being operative to communicate information between said processor server, said provider server, and said management server.

9. (Withdrawn) A system as recited in claim 8, wherein said processing module is also operative to correlate the claim information with the benefits plan structure information, the price information, and the formulary information to identify expenses associated with drugs dispensed to the list of patients in accordance with the pharmacy benefits plan structure information, alternative drugs in the same class as the drugs dispensed to the list of patients and expenses associated with the alternative drugs.

10. (Withdrawn) A system as recited in claim 1, wherein the alternative drugs are therapeutic alternatives with respect to the selected drugs.

11. (Withdrawn) A system as recited in claim 1, wherein the benefits plan structure information and the formulary information relate to a multi-tier benefits plan.

12. (Withdrawn) A system as recited in claim 1, wherein said processing module is further operative to permit entry of proposed changes to any of the claim information, the benefit plan structure information, and the formulary information and to display model data based on the proposed changes.

13. (Withdrawn) A system as recited in claim 12, wherein the proposed changes comprise any of changes to copayment amounts, changes to copayment levels, and changes drugs dispensed.

14. (Currently Amended) A pharmacy benefits management system comprising:  
pharmacy benefits means for receiving claim information relating to pharmacy benefits claims processed by a claims processing facility, said claim information including identification of drugs dispensed to individual patients;  
management means for receiving pharmacy benefits formulary information and price information relating to drugs in various classes;  
provider means for receiving pharmacy benefits plan structure information including deductible information and co-payment information stored therein to determine a recipient's prescription benefit plan and identify the subscriber of the prescription benefit plan;  
said management means further;  
calculates out-of-pocket costs, sponsor costs, and total costs of the drugs dispensed to patients based upon the determined prescription benefit plan, the identified subscriber, the received claim information, the received formulary information, the received pharmacy benefits plan structure, and the received price information;  
aggregates the out-of-pocket costs, sponsor costs, and total costs of the drugs dispensed to patients based upon at least one of identity of drug dispensed, type of drug dispensed, formulary information, identity of pharmacy dispensing drug, and identity of doctor prescribing drug; and  
causes the aggregated out-of-pocket costs and sponsor costs to be displayed to the recipient of prescription benefits.
15. (Previously Presented) The system recited in claim 14, wherein the identified drugs dispensed to a patient also indicate the date the drugs were dispensed.
16. (Previously Presented) The system recited in claim 14, wherein the management means further calculates out-of-pocket costs, sponsor costs, and total costs of alternative drugs, wherein the alternative drugs are therapeutic alternatives with respect to the drugs dispensed to patients.
17. (Previously Presented) The system recited in claim 14, wherein the benefits plan structure information received from the provider means and the formulary information received from the management means relate to a multi-tier benefits plan.

18. (Previously Presented) The system recited in claim 17, wherein the out-of-pocket costs, sponsor costs, and total costs associated with the drugs dispensed to patients and the out-of-pocket costs, sponsor costs, and total costs associated with the alternative drugs includes copayment information, sponsor information, and total cost information.

19. (Withdrawn) A pharmacy benefits management server comprising:  
means for downloading claim information relating to pharmacy benefits claims processed by a claims processing facility, said claim information including identification of drugs dispensed to patients;  
means for downloading pharmacy benefits formulary information;  
means for extracting patient pharmacy benefits information from the claim information and displaying a list of pharmacy benefits provided to a particular patient;  
means for prompting a patient to input a response to verify accuracy of the list of pharmacy benefits and retaining and processing the response.

20. (Withdrawn) A server as recited in claim 19, wherein the list of pharmacy benefits comprises a list of drugs dispensed to the patient and dates, quantities, and copayment corresponding to the drugs dispensed to the patient.

21. (Withdrawn) A pharmacy benefits management server comprising  
means for downloading claim information relating to pharmacy benefits claims processed by a claims processing facility, said claim information including identification of drugs dispensed to patients;  
means for downloading pharmacy benefits formulary information;  
means for downloading pharmacy benefits plan structure information;  
means for downloading price information relating to drugs in various classes; and  
means for searching the claim information based on predetermined selected filter and displaying a list of patients whose pharmacy benefits correspond to the selected filters.

22. (Withdrawn) A server as recited in claim 21, further comprising means for correlating the claim information with the benefits plan structure information, the price

information, and the formulary information to identify drugs expenses associated with drugs dispensed to the list of patients in accordance with the pharmacy benefits plan structure information, alternative drugs in the same class as the selected drugs, and expenses associated with the alternative drugs.

23. (Previously Presented) The system recited in claim 14, wherein said management means further:

calculates out-of-pocket costs, sponsor costs, and total costs of the drugs dispensed to patients in an alternative pharmacy, wherein the alternative pharmacy is an alternative distribution chain capable of supplying the drugs dispensed to patients; and

aggregates out-of-pocket-costs, sponsor costs and total costs of the drugs based upon the identity of the alternative distribution chain.

24. (Previously Presented) The system recited in claim 16, wherein said management means further:

calculates out-of-pocket costs, sponsor costs, and total costs of the drugs dispensed to patients and the alternative drugs in an alternative pharmacy, wherein the alternative pharmacy is an alternative distribution chain capable of supplying the drugs dispensed to patients and the alternative drugs; and

aggregates out-of-pocket-costs, sponsor costs and total costs of the drugs dispensed to patients and the alternative drugs based upon the identity of the alternative distribution chain.

25. (Previously Presented) The system recited in claim 14 further comprising means for entering proposed changes to any of the claim information, the benefit plan structure information, and the formulary information and displaying model data based on the proposed changes.

26. (Previously Presented) The system recited in claim 25, wherein the proposed changes comprise any of changes to copayment amounts, changes to copayment levels, and changes drugs dispensed.

27. (Currently Amended) A pharmacy benefits management method comprising the steps of:

receiving claim information from a pharmacy benefits server, the claim information relating to pharmacy benefits claims processed by a claims processing facility, said claim information including identification of drugs dispensed to individual patients;

receiving pharmacy benefits formulary information from the pharmacy benefits server;

receiving pharmacy benefits plan structure information from a provider server, the pharmacy benefits plan structure including deductible information and co-payment information;

receiving price information from a management server, the price information relating to drugs in various classes;

determining a recipient's prescription benefit plan;

identifying a subscriber of the recipient's prescription benefit plan;

calculating, by the management server, out-of-pocket costs, sponsor costs, and total costs of the drugs dispensed to patients based upon the determined prescription benefit plan, the identified subscriber, the received claim information, the received formulary information, the received pharmacy benefits plan structure, and the received price information;

aggregating, by the management server, the out-of-pocket costs, sponsor costs, and total costs of the drugs dispensed to patients based upon at least one of identity of drug dispensed, type of drug dispensed, formulary information, identity of pharmacy dispensing drug, and identity of doctor prescribing drug; and

causing display of aggregate out-of-pocket costs and sponsor costs to the recipient of prescription benefits.

28. (Previously Presented) A method as recited in claim 27, wherein the drugs dispensed to patients in said calculating step are drugs previously dispensed to a patient indicated by the date the selected drugs were dispensed.

29. (Previously Presented) A method as recited in claim 27, wherein the calculating step includes calculating out-of-pocket costs, sponsor costs, and total costs of alternative

drugs, wherein the alternative drugs are therapeutic alternatives with respect to the drugs dispensed to patients.

30. (Original) A method as recited in claim 27, wherein the benefits plan structure information and the formulary information relate to a multi-tier benefits plan.

31. (Previously Presented) A method as recited in claim 30, wherein the out-of-pocket costs, sponsor costs, and total costs associated with the drugs dispensed to patients and the out-of-pocket costs, sponsor costs, and total costs associated with the alternative drugs includes copayment information, sponsor information, and total cost information.

32. (Withdrawn) A pharmacy benefits management method comprising the steps of:  
downloading claim information relating to pharmacy benefits claims processed by a claims processing facility, said claim information including identification of drugs dispensed to patients;

downloading pharmacy benefits formulary information;

extracting patient pharmacy benefits information from the claim information and displaying a list of pharmacy benefits provided to a particular patient;

prompting a patient to input a response to verify accuracy of the list of pharmacy benefits; and

retaining and processing the response in said prompting step.

33. (Withdrawn) A method as recited in claim 32 wherein the list of pharmacy benefits comprises a list of drugs dispensed to the patient and dates, quantities, and copayment corresponding to the drugs dispensed to the patient.

34. (Withdrawn) A pharmacy benefits management method comprising the steps of:  
downloading claim information relating to pharmacy benefits claims processed by a claims processing facility, the claim information including identification of drugs dispensed to patients;

downloading pharmacy benefits formulary information;

downloading pharmacy benefits plan structure information;



downloading price information relating to drugs in various classes;  
searching the claim information based on a predetermined selected filter; and  
displaying a list of patients whose pharmacy benefits correspond to the selected filters.

35. (Withdrawn) A method as recited in claim 34, further comprising the step of correlating the claim information with the benefits plan structure information, the price information, and the formulary information to thereby identify drugs expenses associated with drugs dispensed to the list of patients in accordance with the pharmacy benefits plan structure information, alternative drugs in the same class as the selected drugs, and expenses associated with the alternative drugs.

36. (Previously Presented) A method as recited in claim 27, wherein;  
the calculating step includes calculating out-of-pocket costs, sponsor costs, and total costs of the drugs dispensed to patients in an alternative pharmacy, wherein the alternative pharmacy is an alternative distribution chain capable of supplying the drugs dispensed to patients; and  
the aggregating step includes aggregating out-of-pocket-costs, sponsor costs and total costs of the drugs based upon the identity of the alternative distribution chain.

37. (Previously Presented) A method as recited in claim 29, wherein  
the calculating step includes calculating out-of-pocket costs, sponsor costs, and total costs of the drugs dispensed to patients and the alternative drugs in an alternative pharmacy, wherein the alternative pharmacy is an alternative distribution chain capable of supplying the drugs dispensed to patients and the alternative drugs, and  
the aggregating step includes aggregating out-of-pocket-costs, sponsor costs and total costs of the drugs dispensed to patients and the alternative drugs based upon the identity of the alternative distribution chain.

38. (Previously Presented) A method as recited in claim 27 further comprising:  
entering proposed changes to any of the claim information, the benefit plan structure information, and the formulary information; and  
displaying model data based on the proposed changes.
39. (Previously Presented) A method as recited in claim 38, wherein the proposed changes comprise any of changes to copayment amounts, changes to copayment levels, and changes to drugs dispensed.
40. (Withdrawn) A method of comparing alternative medication comprising the steps of:  
storing pharmacy benefits formulary information;  
storing pharmacy benefits plan structure information;  
storing price information relating to drugs in various classes;  
designating a particular class of drugs;  
correlating the benefits plan structure information, the price information, and the formulary information; and  
determining, based on said correlating step, drugs in the particular class and expenses associated with the drugs in the particular class.
41. (Withdrawn) The method as recited in claim 40, wherein the expenses in said determining step are out of pocket expense for a member of a benefits plan corresponding to the benefits plan structure information.
42. (Withdrawn) The method as recited in claim 40, wherein said designating step comprises determining a specific drug dispensed to a patient and designating a class for that specific drug.
43. (Withdrawn) The method as recited in claim 40 wherein the drugs in the particular class are therapeutic alternatives.
44. (Withdrawn) A method as recited in claim 40, wherein the benefits plan structure information and the formulary information relate to a multi-tier benefits plan.

45. (Withdrawn) A method as recited in claim 40, wherein the expenses include copayment information and total cost information.
46. (Withdrawn) A method of designing a pharmacy benefits plan comprising the steps of;
- storing pharmacy benefits formulary information;
  - storing pharmacy benefits plan structure information;
  - storing price information relating to drugs in various classes;
  - designating at least one particular drug;
  - correlating the benefits plan structure information, the price information, and the formulary information to;
  - determining, based on said correlating step, expenses associated with the drugs in the particular class;
  - displaying the expenses determined in said correlating step;
  - changing at least one of the pharmacy benefits formulary information, the pharmacy benefits plan structure information and the particular drug designated in said designating step;
  - and
  - repeating said determining and designating step after said changing step.
47. (Withdrawn) The method as recited in claim 46, wherein said designating step comprises designating a type of drug dispensed to patients in a pharmacy benefits plan and said changing step comprises changing the designated drug for at least some of the patients.
48. (Withdrawn) The method as recited in claim 46, wherein said benefits structure information and said formulary information relate to a multi-tier benefits plan and said changing step comprises changing at least one of copayment level information and coinsurance percentage information.
49. (Previously Presented) The method recited in claim 27, further comprising displaying aggregate out-of-pocket costs and sponsor costs to the sponsor of prescription benefits.

50. (Previously Presented) The method recited in claim 27, further comprising receiving a second set of claim information from a second pharmacy benefits server, the second set of claim information relating to pharmacy benefits claims processed by a second claims processing facility, and the second set of claim information including identification of drugs dispensed to patients.

51. (Previously Presented) The method recited in claim 50, wherein the calculating step includes calculating out-of-pocket costs, sponsor costs, and total costs of alternative drugs ,wherein the alternative drugs are therapeutic alternatives with respect to the drugs dispensed to patients.

52. (Previously Presented) The method recited in claim 51, wherein the calculating step includes calculating out-of-pocket costs, sponsor costs, and total costs of the drugs dispensed to patients and the alternative drugs in an alternative pharmacy, wherein the alternative pharmacy is an alternative distribution chain capable of supplying the drugs dispensed to patients and the alternative drugs; and

the aggregating step includes aggregating out-of-pocket-costs, sponsor costs and total costs of the drugs dispensed to patients and the alternative drugs based upon the identity of the alternative distribution chain.

53. (Previously Presented) The system recited in claim 14, further comprising a second pharmacy benefits means for receiving a second set of claim information, the second set of claim information relating to pharmacy benefits claims processed by a second claims processing facility, and the second set of claim information including identification of drugs dispensed to patients.

54. (Previously Presented) The system recited in claim 53, wherein said management means further calculates out-of-pocket costs, sponsor costs, and total costs of alternative drugs ,wherein the alternative drugs are therapeutic alternatives with respect to the drugs dispensed to patients.

55. (Previously Presented) The system recited in claim 54, wherein said management means further calculates out-of-pocket costs, sponsor costs, and total costs of the drugs dispensed to patients and the alternative drugs in an alternative pharmacy, wherein the alternative pharmacy is an alternative distribution chain capable of supplying the drugs dispensed to patients and the alternative drugs; and

said management means further aggregates out-of-pocket-costs, sponsor costs and total costs of the drugs dispensed to patients and the alternative drugs based upon the identity of the alternative distribution chain.